



Adult Benefits Waiver Coverages

Service	Coverage
Ambulance	Limited to emergency ground ambulance transport to the hospital Emergency Department (ED).
Case Management	Noncovered
Chiropractor	Noncovered
Dental	Noncovered except for services of oral surgeons as covered under the current Medicaid physician benefit for the relief of pain or infection.
Emergency Department	Covered per current Medicaid policy. For CHPs, PA may be required for nonemergency services provided in the emergency department.
Eyeglasses	Noncovered
Family Planning	Covered: Services may be provided through referral to local Title X designated Family Planning Program.
Hearing Aids	Noncovered
Home Health	Noncovered
Home Help (personal care)	Noncovered
Hospice	Noncovered
Inpatient Hospital	Noncovered
Lab & X-Ray	Covered if ordered by an MD, DO, or NP for diagnostic and treatment purposes. PA may be required by the CHP.
Medical Supplies/ Durable Medical Equipment (DME)	Limited coverage. <ul style="list-style-type: none">Medical supplies are covered except for the following noncovered categories: gradient surgical garments, formulas and feeding supplies, and supplies related to any noncovered DME item.DME items are noncovered except for glucose monitors.

* Professional services requiring a co-payment are defined by the following Evaluation and Management (E&M) procedure codes: 92002-92014, 99201-99205, 99211-99215, 99241-99245, 99341-99345, 99347-99350, 99385-99387, 99395-99397. No co-payment may be charged for family planning or pregnancy related services



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Mental Health Services	Covered: Services must be provided through the PIHP/CMHSP.
Nursing Facility	Noncovered
Optometrist	Noncovered
Outpatient Hospital (Nonemergency department)	Covered: Diagnostic and treatment services and diabetes education services. PA may be required for some services. A \$3 co-payment for professional services is required. * Noncovered: Therapies, labor room and partial hospitalization.
Pharmacy	Covered: <ul style="list-style-type: none">Products included on the Michigan Pharmaceutical Products List (except enteral formulas) that are prescribed by an MD, DO, NP or type 10-enrolled oral surgeon. PA may be required. Products must be billed to MDCH or CHP, as appropriate.Psychotropic medications are provided under the FFS benefit. See the MDCH' Pharmacy Benefits Manager (PBM) website for list of psychotropic drug classes to be billed to MDCH. The list of drugs covered under the carve out is updated as necessary. Drugs are added and deleted on a regular basis so it is imperative that the provider review this website frequently. Noncovered: Injectables used in clinics or physician offices except for select psychotropics as noted on MDCH website. Co-payment: \$1 per prescription.
Physician Nurse Practitioner (NP) Oral Surgeon Medical Clinic	The following services are covered per current Medicaid policy: <ul style="list-style-type: none">Annual physical exams (including a pelvic and breast exam, and pap test). Women who qualify for screening/services under the Breast and Cervical Cancer Program administered by the LHD may be referred to that program for services as appropriate.Diagnostic and treatment services. May refer to LHD for TB, STD, or HIV-related services, as available.General ophthalmologic services (procedure codes 92002-92014)Immunizations per current Advisory Committee on Immunization Practices (ACIP) guidelines. May be referred to LHD. Travel immunizations are excluded.Injections administered in a physician's office per current Medicaid policy. CHPs may require PA for some injections. PA may be required for some services. A \$3 co-payment is required for office visits (professional services). * Noncovered: Services provided in an inpatient hospital setting.

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Podiatrist	Noncovered
Prosthetics/ Orthotics	Noncovered
Private Duty Nursing	Noncovered
Substance Abuse	Covered through the Substance Abuse Coordinating Agencies (CAs).
Therapies	Occupational, physical, and speech therapy evaluations are covered when provided by physicians or in the outpatient hospital setting. Therapy services are not covered in any setting.
Transportation (nonambulance)	Noncovered
Urgent Care Clinic	Professional services provided in a freestanding facility are covered. CHPs may require authorization by the primary care physician or plan administrator. A \$3 co-payment is required. *

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